

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10.5

**FILING DATE**

## **CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25			1			
26				1		
27					1	
28						1
29						
30						
31						
32						
33			1			
34				1		
35					1	
36						1
37						
38						
39						
40						
41			1			
42					1	
43						1
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57			1			
58			1			
59			0			
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67						
68						
69						
70						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			14			
TOTAL DEP.			28			
TOTAL CLAIMS			42			